

08/16/01



31048 U.S. PTO

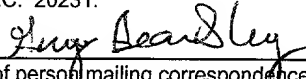
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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

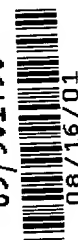
Guy Beardsley

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08/16/01

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number 04844/005005Applicant Rima RozenTitle cDNA FOR HUMAN METHYLENETETRAHYDROFOLATE REDUCTASE AND USES THEREOF

PRIORITY INFORMATION:

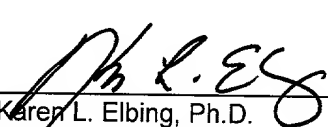
This application is a divisional of pending US patent application serial number 09/592,595 filed June 12, 2000, which is a continuation-in-part of US patent application serial number 09/258,928 filed March 1, 1999 (now US patent number 6,218,120), which is a continuation in part of US patent application serial number 08/738,000 filed February 12, 1997 (now US patent number 6,074,821), which claims priority from PCT CA 95/00314, filed May 25, 1995, and GB 9410620.0, filed May 26, 1994.

SMALL ENTITY STATUS:

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	94 pages
Claims	16 pages
Abstract	1 page
Drawing	24 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> A copy from prior application 09/592,595 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	2 pages
Sequence Listing on Paper	13 pages
Sequence Listing on Diskette	1 disk
Preliminary Amendment	3 pages

Marked-up Version	2 pages
IDS	2 pages
Form PTO 1449	6 pages
Cited References	0 references
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: $24 - 20 = 4 \times \$9$	\$36.00
Excess Independent Claims Fee: $3 - 3 = 0 \times \$40$	\$0.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$391.00
<input checked="" type="checkbox"/> Enclosed is a check for \$391.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<div style="display: flex; justify-content: space-between;"> <div>  Karen L. Elbing, Ph.D. REG NO 35,238 </div> <div> <u>16 August 2001</u> Date </div> </div>	

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